

PART I

NAME (Last)

LOBBYIST

MAILING ADDRESS (Street)

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)

THIS SPACE FOR OFFICE USE ONLY

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TELEPHONE

FAX

351-6000

LOBBYIST REGISTRATION FORM ETHICS COMMISSION (Type or Print Clearly)

(Middle)

735 Bishop	St., Suite 401		536-4680
(City)	(State)	(Zip	Code)
Honolulu,	HI	9	6813
EMPLOYING ORGANIZATION (Fill in only if y	you are employed by a business entity which has been retained to lobby)		TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
` ^ ` .			
Hawaii Life Sciences Council			536-4670
MAILING ADDRESS (Street)	V		FAX
735 Bishops	St., Suite 401		536-4680
(City)	(State)	(Zip	Code)
Honolulu,	41	9	6813
NAME OF PERSON RESPONSIBLE FOR I	PREPARING ORGANIZATION'S EXPENDITURES STATEMEN	T	TELEPHONE
Lisa Gibs	W		536-4670
MAILING ADDRESS (Street)			FAX
735 Bishop St., Suite 401			536-4680
(City)	(State)	(Zip	Code)
Hondulu	HI	96	,813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawailan Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	on Housing	Public Safety & Corrections			
	CATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
3/28/06					
(Signature of Lobbyrist) (Date)					
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
1100011					
NAME OF ORGANIZATIO	ON (if applicable)		TELEPHONE		
Hawaii 1	Life Sciences Coi	mal	536-4670		
MAILING ADDRESS (Str	eet)		FAX		
735 Bishop St., Suite 401			536-4680		
(City)	(State)		(Zip Code)		
Honolulu	41		96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Tha d. Nilson 3/28/06					
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